

# NEW ACADEMIC INTERN CHECKLIST

Michigan Department of Community Health (DCH)

## INTERN INFORMATION

Intern Name	Employee ID Number
Start Date	End Date
Hospital, Center, Office or Division	Work Location (City and Building)
Mentor / Supervisor Name	

Be sure to login to the Intranet in order for the hyperlinks to work properly.

## REQUIRED INFORMATION

### 1. Department / Agency Information:

- ☐ [Mission / Vision of the Department / Agency](#) ☐ [DCH Organizational Chart](#)

### 2. State Government Information:

- ☐ [Organizational Chart](#) ☐ [EEO Information](#) (DCH 4.1.15)

### 3. Form I-9 (Employment Eligibility Verification):

- ☐ [Copy Drivers License & Social Security Card](#) (to view acceptable documents)

### 4. Policy Information:

- ☐ \*[Ethical Standards and Conduct/ Disclosure](#) ☐ [Workplace Safety](#) (policy 4.7.1)  
☐ \*[Computer Usage](#) (policy 1460.00) ☐ \*[HIPAA](#)  
☐ \*[Work Rules](#) ☐ \*[Discriminatory Harassment](#) (policy 4.1.13)

### 5. Miscellaneous:

- ☐ \*[Emergency Contact Information](#) (form DCH-1014) ☐ [Accident / Injury Reporting](#) (form DCH-1004)  
☐ [Network User ID request](#) (form DIT-0161) ☐ [Contract/Payment Express/ Web Registration](#)  
☐ Building Access Form  
[Washington Square](#) (form DCH-1268)  
[Capitol Commons Center](#) (form DCH-1385)  
[Capitol View](#) (form DCH-1267)

### 6. Training:

- ☐ [Discriminatory Harassment](#) ☐ [HIPAA Privacy & Security](#)  
☐ [Mental Health of Recipients' Rights](#)

***\*These are form(s) that must be signed by the intern and returned to Mentor/Supervisor.***

## INTERN ACKNOWLEDGEMENT

- I certify that I have received the above information.
- It is my responsibility to read and comply with all Department and Civil Services policies, rules and regulations.

Intern Signature	Date	Mentor / Supervisor signature	Date
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